

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

Doc# 00000012801

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
NDC: 49702-0231-13	Reference Number:	01I26234
Lot Number	Document Type:	Invoice
N55W	Reference Date:	05/27/20
433G		
GR8J		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 05/22/20 PO#01208044	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 05/26/20 RC#012058
SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Purchased & Ref : 05/27/20 01S24637002	SHIPPED TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Received & Ref : 05/27/20 01S24637002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

GOVERNMENT
EXHIBIT

91

1:24-cr-20255-WPD

Page: 1 of 2 pages.

WWPB011394

GX 091.0001

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

Doc# 00000012801

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
NDC: 49702-0231-13	Reference Number:	01I26234
Lot Number	Document Type:	Invoice
FP4T	Reference Date:	05/27/20
LB7W		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 05/22/20 PO#01208044	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 05/26/20 RC#012058
SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Purchased & Ref : 05/27/20 01S24637002	SHIPPED TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Received & Ref : 05/27/20 01S24637002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

Doc# 00000012838

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
NDC: 49702-0231-13	Reference Number:	01I26234
Lot Number	Document Type:	Invoice
GR8J	Reference Date:	05/27/20

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 05/27/20 PO#01208060	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 05/27/20 RC#012081
SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Purchased & Ref : 05/27/20 01S24637002	SHIPPED TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Received & Ref : 05/27/20 01S24637002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: DOVATO TAB 30CT		
NDC: 49702-0246-13		
Lot Number	Quantity	Unique Serial #
A65N	1	

Reference Number:	INV512
Document Type:	INVOICE
Reference Date:	07/24/2020

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive Research, Triangle Park, North Carolina 27709-3398

SOLD TO: Name: Independent Pharmacy Cooperative Address: 1550 Columbus Street Sun Prairie, WI 53590 Date Purchased & Ref : 05/07/20 PO#159657	SHIPPED TO: Name: Independent Pharmacy Cooperative Address: 1550 Columbus Street Sun Prairie, WI 53590 Date Received & Ref : 05/07/20
SOLD TO: Name: LMP Pharmacy Address: 7535 Main Str Flushing, NY 11367 Date Purchased & Ref : 05/22/20 PO#5243	SHIPPED TO: Name: LMP Pharmacy Address: 7535 Main Str Flushing, NY 11367 Date Received & Ref : 05/22/20
SOLD TO: Name: BNR Wholesaler Address: 3858 Nostrand Ave Brooklyn, NY 11235 Date Purchased & Ref : 06/03/20 PO#01A2598	SHIPPED TO: Name: BNR Wholesaler Address: 3858 Nostrand Ave Brooklyn, NY 11235 Date Received & Ref : 06/03/20
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Date Purchased & Ref : 06/05/20 PO#01208419	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Date Received & Ref : 06/15/20
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 07/24/20 PO#9115	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 07/24/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

Doc#00000015424

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT,			Reference Number: <u>01I31650</u>
NDC: 49702-0228-13			Document Type: <u>Invoice</u>
Lot Number Quantity Unique Serial #			Reference Date: <u>08/24/20</u>
9R2Y	1		
HC6L	1		
WS3J	1		

(TH) Transaction History

Manufacturer's Name: VIVIENNE HOSPITAL

Manufacturer's information: 5 Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 08/18/20 851071	SHIPPED TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 08/18/20 851071
SOLD TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/20/20 2690	SHIPPED TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 08/20/20 2690
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/21/20 PO#01209427	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/24/20 RC#013778
SOLD TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVE. W BLOOMFIELD NJ 07003 Date Purchased & Ref : 08/24/20 01S27686004	SHIPPED TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVENUE W NEWARK NJ 07107 Date Received & Ref : 08/24/20 01S27686004
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document

Doc#00000015424

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT,			Reference Number: <u>01I31650</u>
NDC: 49702-0228-13			Document Type: <u>Invoice</u>
Lot Number Quantity Unique Serial #			Reference Date: <u>08/24/20</u>
9R2Y	1		
HC6L	1		
WS3J	1		

(TH) Transaction History

Manufacturer's Name: VIVIENNE HEALTHCARE

Manufacturer's information: 5 Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 08/18/20 851071	SHIPPED TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 08/18/20 851071
SOLD TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/20/20 2690	SHIPPED TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 08/20/20 2690
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/21/20 PO#01209427	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/24/20 RC#013778
SOLD TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVE. W BLOOMFIELD NJ 07003 Date Purchased & Ref : 08/24/20 01S27686004	SHIPPED TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVENUE W NEWARK NJ 07107 Date Received & Ref : 08/24/20 01S27686004
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000017378

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: JULUCA TAB 30CT, 50/25MG NDC: 49702-0242-13			Reference Number: 01I37029
			Document Type: Invoice
			Reference Date: 11/10/20
Lot Number	Quantity	Unique Serial #	
S76K	1		
FN4D	6		
CT5U	2		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: FIVE MOORE DRIVE RESEARCH TRIANGLE, NC 27709

SOLD TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE, ESQ. EL TROCHE CAGAS, PR 00725 Date Purchased & Ref : 11/05/20 PO#V82453	SHIPPED TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE, ESQ. EL TROCHE CAGAS, PR 00725 Date Purchased & Ref : 11/05/20 PO#V82453
SOLD TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 11/09/20 PO#85148	SHIPPED TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 11/09/20 PO#85148
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 11/09/20 PO#01210538	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 11/10/20 RC#015177
SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 11/10/20 01S32820003	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 11/10/20 01S32820003
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
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- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000018008**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
NDC: 49702-0231-13		
Lot Number	Quantity	Unique Serial #
354K	1	

(TH) Transaction History

Manufacturer's Name: VIVIENNE HEALTHCARE

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Purchased & Ref : 10/14/19 PO#A142385	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Received & Ref : 10/14/19 PO#A142385
SOLD TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Purchased & Ref : 11/12/19 PO#20191112	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Received & Ref : 11/12/19 PO#20191112
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 12/08/19 PO#01262122	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref : 12/08/19 PO#01262122
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 12/01/20 PO#01210838	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 12/02/20 RC#015589
SOLD TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Purchased & Ref : 12/08/20 01S35521001	SHIPPED TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Received & Ref : 12/08/20 01S35521001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000018008**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
NDC: 49702-0231-13		
Lot Number	Quantity	Unique Serial #
7N9J	1	
7N9K	1	

(TH) Transaction History

Manufacturer's Name: VIVIENNE HEALTHCARE

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Purchased & Ref : 10/17/19 PO#A142423	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Received & Ref : 10/17/19 PO#A142423
SOLD TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Purchased & Ref : 11/22/19 PO#20191122	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Received & Ref : 11/22/19 PO#20191122
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 12/05/19 PO#01258999	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref : 12/05/19 PO#01258999
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 12/01/20 PO#01210838	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 12/02/20 RC#015589
SOLD TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Purchased & Ref : 12/08/20 01S35521001	SHIPPED TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Received & Ref : 12/08/20 01S35521001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000018008**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
NDC: 49702-0231-13		
Lot Number	Quantity	Unique Serial #
V79D	3	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Purchased & Ref : 10/17/19 PO#A142423	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Received & Ref : 10/17/19 PO#A142423
SOLD TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Purchased & Ref : 11/14/19 PO#20191114	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Received & Ref : 11/14/19 PO#20191114
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 12/06/19 PO#012159654	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref : 12/06/19 PO#012159654
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 12/01/20 PO#01210838	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 12/02/20 RC#015589
SOLD TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Purchased & Ref : 12/08/20 01S35521001	SHIPPED TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Received & Ref : 12/08/20 01S35521001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000019052

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
Reference Number: 01140557		
NDC: 49702-0231-13		
Document Type: Invoice		
Reference Date: 01/06/21		
Lot Number	Quantity	Unique Serial #
UC3R	1	

(TH) Transaction History

Manufacturer's Name: VIIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Purchased & Ref: 10/17/19 PO#A142423	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Received & Ref: 10/17/19 PO#A142423
SOLD TO: Name: AMSTERDAM WELLNESS PHARMA Address: 2091 AMSTERDAM AVE NEW YORK NY 10032-8210 Date Purchased & Ref: 11/15/19 PO#20191115	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMA Address: 2091 AMSTERDAM AVE NEW YORK NY 10032-8210 Date Received & Ref: 11/15/19 PO#20191115
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref: 12/08/19 PO#01262122	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref: 12/08/19 PO#01262122
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 01/04/21 PO#01211295	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref: 01/05/21 RC#016278
SOLD TO: Name: HEALTHMAX PHARMACY Address: 80-07 JAMAICA AVENUE WOODHAVEN NY 11421 Date Purchased & Ref: 01/06/21 01S36772001	SHIPPED TO: Name: HEALTHMAX PHARMACY Address: 80-07 JAMAICA AVENUE WOODHAVEN NY 11421 Date Received & Ref: 01/06/21 01S36772001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000020451

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)		
Reference Number: 01143009		
NDC: 49702-0231-13		
Lot Number	Quantity	Unique Serial #
GS5E	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref:	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref:
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 02/11/21 PO#01211914	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref: 02/12/21 RC#017078
SOLD TO: Name: MAIN STREET PHARMACY Address: 667 MAIN STREET LAUREL MD 20707 Date Purchased & Ref: 02/15/21 01S39168001	SHIPPED TO: Name: MAIN STREET PHARMACY Address: 667 MAIN STREET LAUREL MD 20707 Date Received & Ref: 02/15/21 01S39168001
SOLD TO: Name: Address: Date Purchased & Ref:	SHIPPED TO: Name: Address: Date Received & Ref:
SOLD TO: Name: Address: Date Purchased & Ref:	SHIPPED TO: Name: Address: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021119**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ TAB 30CT, 600/50/300MG NDC: 49702-0231-13			Reference Number: <u>01I44144</u>
Lot Number	Quantity	Unique Serial #	Document Type: <u>Invoice</u>
2T4G	1		Reference Date: <u>03/03/21</u>
7N9K	1		
GS5E	4		

(TH) Transaction History

Manufacturer's Name: **VIVIENNE WESTWALL**
 Manufacturer's information: **Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709**

SOLD TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CARRASCO PR 00982 Date Purchased & Ref : 02/07/21 14921679	SHIPPED TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CARRASCO PR 00982 Date Received & Ref : 02/07/21 14921679
SOLD TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Purchased & Ref : 02/23/21 8C13810	SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Received & Ref : 02/23/21 8C13810
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/02/21 PO#01212140	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/03/21 RC#017439
SOLD TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Purchased & Ref : 03/03/21 01S40011001	SHIPPED TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Received & Ref : 03/03/21 01S40011001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021119**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ TAB 30CT, 600/50/300MG NDC: 49702-0231-13			Reference Number: <u>01I44144</u>
Lot Number	Quantity	Unique Serial #	Document Type: <u>Invoice</u>
GS5G	1		Reference Date: <u>03/03/21</u>
N78R	1		
RN2K	2		

(TH) Transaction History

Manufacturer's Name: **VIVIENNE WESTWALL**
 Manufacturer's information: **Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709**

SOLD TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CARRIEA PR 00982 Date Purchased & Ref : 02/07/21 14921679	SHIPPED TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CARRIEA PR 00982 Date Received & Ref : 02/07/21 14921679
SOLD TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Purchased & Ref : 02/23/21 8C13810	SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Received & Ref : 02/23/21 8C13810
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/02/21 PO#01212140	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/03/21 RC#017439
SOLD TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Purchased & Ref : 03/03/21 01S40011001	SHIPPED TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Received & Ref : 03/03/21 01S40011001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021119**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ TAB 30CT, 600/50/300MG NDC: 49702-0231-13			Reference Number: <u>01I44144</u>
Lot Number	Quantity	Unique Serial #	Document Type: <u>Invoice</u>
V79D	1		Reference Date: <u>03/03/21</u>

(TH) Transaction History

Manufacturer's Name: **VIVIENNE HOSPITALITY INC**
 Manufacturer's information: **Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709**

SOLD TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CARRASCO, PU 00982 Date Purchased & Ref : 02/07/21 14921679	SHIPPED TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CARRASCO, PU 00982 Date Received & Ref : 02/07/21 14921679
SOLD TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Purchased & Ref : 02/23/21 8C13810	SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Received & Ref : 02/23/21 8C13810
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/02/21 PO#01212140	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/03/21 RC#017439
SOLD TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Purchased & Ref : 03/03/21 01S40011001	SHIPPED TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Received & Ref : 03/03/21 01S40011001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000021236

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT,			Reference Number: 01I44344
NDC: 49702-0228-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 03/05/21
HC3V	4		
WS3J	2		

(TH) Transaction History

Manufacturer's Name: VIIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Purchased & Ref: 11/09/20 20750128	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Received & Ref: 11/09/20 20750128
SOLD TO: Name: RAPIDS TEX WHOLESALES CRP Address: 10333 HARWIN DR. STE 263 HOUSTON TX 77036 Date Purchased & Ref: 12/07/20 9773734	SHIPPED TO: Name: RAPIDS TEX WHOLESALES CRP Address: 10333 HARWIN DR. STE 263 HOUSTON TX 77036 Date Received & Ref: 12/07/20 9773734
SOLD TO: Name: MR.UNLIMITED, LLC Address: ATTN:ACCOUNTS RECEIVABLE BRENHAM TX 77833 Date Purchased & Ref: 03/04/21 52741RTWSF	SHIPPED TO: Name: MR.UNLIMITED, LLC Address: ATTN:ACCOUNTS RECEIVABLE BRENHAM TX 77833 Date Received & Ref: 03/04/21 52741RTWSF
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 03/03/21 PO#01212162	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST. GEORGE UT 84770 Date Received & Ref: 03/05/21 RC#017501
SOLD TO: Name: ELDER PHARMACY Address: 1527 WESTCHESTER AVE. BRONX NY 10472 Date Purchased & Ref: 03/05/21 01S40156001	SHIPPED TO: Name: ELDER PHARMACY LLC Address: 1527 WESTCHESTER AVE BRONX NY 10472 Date Received & Ref: 03/05/21 01S40156001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000021475

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: JULUCA TAB 30CT, 50/25MG NDC: 49702-0242-13			Reference Number: 01144803
Lot Number	Quantity	Unique Serial #	Document Type: Invoice
R43R	1		Reference Date: 03/12/21

(TH) Transaction History

Manufacturer's Name: VIVIENNE HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Purchased & Ref: 11/09/20 20750128	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Received & Ref: 11/09/20 20750128
SOLD TO: Name: RAPIDS TEX WHOLESALERS CRP Address: 10333 HARWIN DR. STE 263 HOUSTON TX 77036 Date Purchased & Ref: 01/29/21 9773779	SHIPPED TO: Name: RAPIDS TEX WHOLESALERS CRP Address: 10333 HARWIN DR. STE 263 HOUSTON TX 77036 Date Received & Ref: 01/29/21 9773779
SOLD TO: Name: MR.UNLIMITED, LLC Address: ATTN:ACCOUNTS RECEIVABLE BRENHAM TX 77833 Date Purchased & Ref: 03/11/21 52784RTWSC	SHIPPED TO: Name: MR.UNLIMITED, LLC Address: ATTN:ACCOUNTS RECEIVABLE BRENHAM TX 77833 Date Received & Ref: 03/11/21 52784RTWSC
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 03/10/21 PO#01212254	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST. GEORGE UT 84770 Date Received & Ref: 03/12/21 RC#017625
SOLD TO: Name: GREENVILLE PHARMACY LLC Address: 1850 JOHN F KENNEDY BLVD. JERSEY CITY NJ 07305 Date Purchased & Ref: 03/12/21 01S40546002	SHIPPED TO: Name: GREENVILLE PHARMACY LLC Address: 1850 JOHN F KENNEDY BLVD JERSEY CITY NJ 07305 Date Received & Ref: 03/12/21 01S40546002

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021825**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: JULUCA TAB 30CT, 50; 25 mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-242-13)		
NDC: 49702-0242-13		
Lot Number	Quantity	Unique Serial #
BV4B	2	
MW5J	1	

(TH) Transaction History

Manufacturer's Name: VIVIENNE HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/25/21 RC#017833
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41004002	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41004002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)		
Reference Number: <u>01I45710</u>		
NDC: 49702-0228-13		
Lot Number	Quantity	Unique Serial #
2Y7S	1	
682E	4	
7J4V	1	

(TH) Transaction History

Manufacturer's Name: **VIVIENNE WESTWALL**
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO# 01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC# 017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)	Reference Number: <u>01I45710</u>
NDC: 49702-0228-13	Document Type: <u>Invoice</u>
Lot Number	Unique Serial #
8L3M	3
9R2Y	2
E76Y	1

(TH) Transaction History

Manufacturer's Name: VIVIENNE INDUSTRIES INC
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)		
Reference Number: <u>01I45710</u>		
NDC: 49702-0228-13		
Lot Number	Quantity	Unique Serial #
FU5E	5	
GH3U	1	
HN9W	1	

(TH) Transaction History

Manufacturer's Name: **VIVIENNE WESTWALL**
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)		
Reference Number: <u>01I45710</u>		
NDC: 49702-0228-13		
Lot Number	Quantity	Unique Serial #
LK9U	1	
PN5E	3	
RJ8T	1	

(TH) Transaction History

Manufacturer's Name: **VIVI HEALTHCARE**
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)	Reference Number: <u>01I45710</u>
NDC: 49702-0228-13	Document Type: <u>Invoice</u>
Lot Number	Unique Serial #
RT6F	1
RW9Y	1
SY7D	2

(TH) Transaction History

Manufacturer's Name: VIVIENNE HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)	Reference Number: <u>01I45710</u>
NDC: 49702-0228-13	Document Type: <u>Invoice</u>
Lot Number	Unique Serial #
SY7L	
T96C	
VT3C	

(TH) Transaction History

Manufacturer's Name: VIVIENNE INDUSTRIES INC
Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)		
Reference Number: <u>01I45710</u>		
NDC: 49702-0228-13		
Lot Number	Quantity	Unique Serial #
WP4P	1	
Y22W	2	
SH7B	1	

(TH) Transaction History

Manufacturer's Name: **VIVIENNE WESTWALL**
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)		
Reference Number: <u>01I45710</u>		
NDC: 49702-0228-13		
Lot Number	Quantity	Unique Serial #
GB2K	1	

(TH) Transaction History

Manufacturer's Name: **VIVIENNE Healthcare**
Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO# 01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC# 017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021694**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)	Reference Number: <u>01I45710</u>
NDC: 49702-0228-13	Document Type: <u>Invoice</u>
Lot Number	Unique Serial #
682H	
FU5E	
GH3U	

(TH) Transaction History

Manufacturer's Name: VIVIENNE INDUSTRIES INC

Manufacturer's information: 5500 NEW HORIZONS BLVD. RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Purchased & Ref : 09/30/19 A141638	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Received & Ref : 09/30/19
SOLD TO: Name: AMSTERDAM WELLNESS PHARMA Address: 2091 AMSTERDAM AVE NEW YORK NY 10032-8210 Date Purchased & Ref : 11/06/19 20191106	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMA Address: 2091 AMSTERDAM AVE NEW YORK NY 10032-8210 Date Received & Ref : 11/06/19 20191106
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/19/21 PO#01212358	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/19/21 RC#017738
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021694**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)	Reference Number: <u>01I45710</u>
NDC: 49702-0228-13	Document Type: <u>Invoice</u>
Lot Number RN2F	Reference Date: <u>03/26/21</u>
Quantity 2	
Unique Serial #	

(TH) Transaction History

Manufacturer's Name: VIVIENNE INDUSTRIES INC

Manufacturer's information: 5500 NEW HORIZONS BLVD. RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Purchased & Ref : 09/30/19 A141638	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Received & Ref : 09/30/19
SOLD TO: Name: AMSTERDAM WELLNESS PHARMA Address: 2091 AMSTERDAM AVE NEW YORK NY 10032-8210 Date Purchased & Ref : 11/06/19 20191106	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMA Address: 2091 AMSTERDAM AVE NEW YORK NY 10032-8210 Date Received & Ref : 11/06/19 20191106
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/19/21 PO#01212358	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/19/21 RC#017738
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021304**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)		
Reference Number: <u>01I45710</u>		
NDC: 49702-0228-13		
Lot Number	Quantity	Unique Serial #
LD3H	2	

(TH) Transaction History

Manufacturer's Name: **VIVIENNE WESTWALL**
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/08/21 PO# 01212210	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/08/21 RC# 017537
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049379

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Dovato 50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0246-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
KE3G	4	08/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049380

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Evotaz 300mg/150mg, 30 EA			Reference Number: <u>SC00001</u>
NDC: 00003-3641-11			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
CFHSFA	2	03/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Bristol Meyers
 Manufacturer's information: New York, NY 10016

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049381

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Intelence 200mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0571-01			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
KGL0002	3	06/23	Reference Date: <u>6/9/2021</u>
JKL2100	1	10/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049382

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Isentress 400mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 00006-0227-61			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
T032933	1	12/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Merck & Co. Inc.
Manufacturer's information: Kenilworth, NJ07033

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049383

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Juluca 50mg/25mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0242-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
MW5J	1	08/23	Reference Date: <u>6/9/2021</u>
BV4B	1	08/23	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049384

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Kaletra 200mg/50mg, 120 EA			Reference Number: <u>SC00001</u>
NDC: 00074-6799-22			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1127921	1	05/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: AbbVie Inc.
Manufacturer's information: North Chicago, IL 60064

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049385

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 120 120mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0312-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
R0850630	4	08/24	Reference Date: <u>6/9/2021</u>
R0636130P	1	06/24	
R0962930P	1	10/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049386

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 120 120mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0312-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
S0037330	2	12/24	Reference Date: <u>6/9/2021</u>
R0962630P	1	10/24	
R0057030	1	01/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049387

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 20 20mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0302-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7021C30P	2	06/24	Reference Date: <u>6/9/2021</u>
7019C30P	1	05/24	
7035C30P	1	03/25	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049388

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 20 20mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0302-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7029C30	2	10/24	Reference Date: <u>6/9/2021</u>
7022C30	1	08/24	
R0907630	1	08/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049389

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 20 20mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0302-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7018C30P	1	05/24	Reference Date: <u>6/9/2021</u>
7031C30	1	10/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049390

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1351C30P	5	10/24	Reference Date: <u>6/9/2021</u>
3180456	1	05/24	
1312C30P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049391

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1350C30P	2	10/24	Reference Date: <u>6/9/2021</u>
3184973	1	09/24	
1321C30P	1	06/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049392

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
R0056430P	2	12/23	Reference Date: <u>6/9/2021</u>
3188091	1	11/24	
1328C30PA	1	07/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049393

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1375C30P	1	03/25	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049394

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3188092	4	09/24	Reference Date: <u>6/9/2021</u>
3179014	1	02/24	
3185566	1	08/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049395

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3186387	2	09/24	Reference Date: <u>6/9/2021</u>
3182550	1	03/24	
3187128	1	12/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049396

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3188103	2	12/24	Reference Date: <u>6/9/2021</u>
3183390	1	06/24	
3189978	1	04/25	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049397

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3179013	1	02/24	Reference Date: <u>6/9/2021</u>
3184209	1	06/24	
1331C30P	1	07/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049398

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1316C30	3	05/24	Reference Date: <u>6/9/2021</u>
1317C30	1	05/24	
P0555230P	1	06/22	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049399

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1307C30P	2	04/24	Reference Date: <u>6/9/2021</u>
1318C30	1	05/24	
R0440730P	1	04/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049400

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
R0441630	2	04/24	Reference Date: <u>6/9/2021</u>
1342C30P	1	09/24	
R0556530P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049401

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3180461	1	12/23	Reference Date: <u>6/9/2021</u>
1358C30P	1	11/24	
R0556630P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049402

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA	Reference Number: <u>SC00001</u>	
NDC: 63402-0308-30	Customer PO #: <u>000679</u>	
Lot Number	Quantity	
1277C30	1	Expiration Date
1362C30	1	11/23
R0560130P	1	12/24
		05/24

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049403

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA	Reference Number: <u>SC00001</u>	
NDC: 63402-0308-30	Customer PO #: <u>000679</u>	
Lot Number	Quantity	Expiration Date
1281C30P	1	11/23
1363C30	1	12/24
R1005430P	1	10/24

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049404

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA	Reference Number: <u>SC00001</u>
NDC: 59676-0575-30	Customer PO #: <u>000679</u>
Lot Number	Quantity
20MG466	11
20CG988	2
20LG390	1
Expiration Date	
	09/22
	02/22
	09/22

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049405

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG473	5	10/22	Reference Date: <u>6/9/2021</u>
20KG334	1	08/22	
20JG269	1	07/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049406

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20LG388	4	09/22	Reference Date: <u>6/9/2021</u>
20CG935	1	01/22	
20KG337	1	08/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049407

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20LG391	3	09/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049408

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Prezista 600mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0562-01			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
19NG777	1	10/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049409

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Prezista 800mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0566-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG455	1	09/23	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049410

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Selzentry 150mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0223-18			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
DC7960	2	11/23	Reference Date: <u>6/9/2021</u>
DK4995	1	10/24	
CK7695	1	01/24	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049411

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA	Reference Number: <u>SC00001</u>
NDC: 59676-0800-30	Customer PO #: <u>000679</u>
Lot Number	Quantity
19MG726	14
20GG129	3
20GG131	1
Expiration Date	
	01/22
	02/23
	01/23

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049412

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA	Reference Number: <u>SC00001</u>	
NDC: 59676-0800-30	Customer PO #: <u>000679</u>	
Lot Number	Quantity	
20MG468	10	Expiration Date
20EG062	2	08/23
20LG374X	1	01/23
		06/23
		Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049413

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA	Reference Number: <u>SC00001</u>
NDC: 59676-0800-30	Customer PO #: <u>000679</u>
Lot Number	Quantity
20MG469	1
20KG322	2
20LG396	1
Expiration Date	
	08/23
	04/23
	06/23

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049414

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0800-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20AG853X	3	02/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ 08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049415

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
TD4W	5	12/25	Reference Date: <u>6/9/2021</u>
TD5D	2	12/25	
8L3M	1	08/25	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049416

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
VT3C	3	10/24	Reference Date: <u>6/9/2021</u>
YV5H	2	12/25	
YV5J	1	12/25	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049417

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
LD3H	2	11/25	Reference Date: <u>6/9/2021</u>
WF2G	1	10/24	
8N2Y	1	10/24	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049418

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7H6G	2	01/26	Reference Date: <u>6/9/2021</u>
Y22W	1	08/25	
Y22X	1	08/25	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049419

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
9R2Y	1	10/24	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049420

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Triumeq 600/50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0231-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
RV5B	4	11/22	Reference Date: <u>6/9/2021</u>
3L8S	2	11/22	
GS5G	1	10/22	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049421

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Triumeq 600/50mg/300mg Tablet, 30 EA	Reference Number: <u>SC00001</u>	
NDC: 49702-0231-13	Customer PO #: <u>000679</u>	
Lot Number	Quantity	Expiration Date
AU7C	2	02/23
XC8B	2	11/22
RN2K	1	10/22
		Document Type: <u>Invoice</u>
		Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document

Doc#00000049422

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Triumeq 600/50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0231-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
S66V	2	11/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **5****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Tivicay 50mg, 30 tablets
NDC: <u>49702-228-13</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
X49P	03/25	1
2Y7S	10/24	1
596M	01/26	1
759H	05/24	1
7H6G	01/26	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **2****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:
Latuda 20mg, Tablets, 30 ea

NDC: 63402-302-30

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	Expiration Date	Quantity
7036C30	03/25	1
7034C30P	01/25	1

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/26/21 820928867187	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/26/21 820928867187
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **4****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Dovato 50mg/300mg, Tablets, 30 ea
NDC: <u>49702-246-13</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
F44T	02/23	3
FB2B	02/23	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **1****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Edurant, 25mg, 30 tablets
NDC: <u>59676-278-01</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
JEL2600.A	04/22	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **2****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:
Isentress 400mg, 60 tablets

NDC: 0006-0227-61

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	Expiration Date	Quantity
T024536	09/22	1
U012481	07/23	1

(TH) Transaction History

Manufacturer's Name: Merck & Co., Inc.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/23/21 820928867290	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/23/21 820928867290
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **10****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Juluca 50mg/25mg, 30 tablets
NDC: <u>49702-242-13</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
2W3S	10/23	4
K59K	11/23	4
R49Y	01/23	1
CT5U	12/22	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **1****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:			
Prezista 600mg, 30 tablets			
NDC:	<u>59676-562-01</u>		
Customer PO:	<u>000761</u>		
Reference Number:	<u>50022065</u>		
Reference Date:	<u>06/17/21</u>		
Document Type:	<u>Invoice</u>		

Lot Number	Expiration Date	Quantity
21BG590	02/24	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **14****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:			
Prezista 800mg, 30 tablets			
NDC:	59676-566-01		
Customer PO:	000761		
Reference Number:	50022065		
Reference Date:	06/17/21		
Document Type:	Invoice		

Lot Number	Expiration Date	Quantity
20MG455	09/23	7
20MG452	09/23	4
20EG104	05/23	1
20LG416	09/23	1
20LG415X	05/23	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **8****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Prezcobix, 800mg/150mg, 30 tablets
NDC: <u>59676-575-30</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
20MG473	10/22	3
20NG476	10/22	2
21AG538	11/22	2
21AG542	10/22	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **2****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Syntuza, 800mg/150mg/200mg/10mg, 30 tablets
NDC: <u>59676-800-30</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
21BG558	11/23	1
20AG853X	02/22	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **48****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Syntuza, 800mg/150mg/200mg/10mg, 30 tablets
NDC: <u>59676-800-30</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
20MG469	08/23	18
21AG553	09/23	8
20MG468	08/23	6
20HG204	03/24	5
20KG322	04/23	4
20GG131	01/23	3
20HG203	03/23	2
20GG129	02/23	1
20EG062	01/23	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **20****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Tivicay 50mg, Tablets, 30 ea
NDC: <u>49702-228-13</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
N56M	03/26	7
E88N	02/26	6
885M	04/25	1
GB2B	05/25	1
HC6L	01/25	1
LD3H	11/25	1
RT6F	09/23	1
TD5D	12/25	1
WX8M	10/24	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: **27****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Triumeq 600mg/50mg/300mg, 30 tablets
NDC: <u>49702-231-13</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
KW7S	03/23	9
XC8B	11/22	3
M44B	03/23	2
LN6U	03/23	2
BK7M	02/23	2
RH3L	12/22	4
EB3D	12/22	3
AU7C	02/23	1
T64L	03/23	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree

(TS) Transaction Statement

Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **5****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Triumeq 600mg/50mg/300mg, 30 tablets
NDC: <u>49702-231-13</u>
Customer PO: <u>000761</u>
Reference Number: <u>50022065</u>
Reference Date: <u>06/17/21</u>
Document Type: <u>Invoice</u>

Lot Number	Expiration Date	Quantity
EK5N	04/22	1
BA8L	02/23	1
3L8S	11/22	1
N78R	05/22	1
N78V	05/22	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065